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Bib Data Sheet

CONFIRMATION NO. 6283

SERIAL NUMBER 10/674,863	FILING DATE 09/30/2003 RULE	CLASS .016	GROUP ART UNIT 3676	ATTORNEY DOCKET NO.
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APPLICANTS

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**** CONTINUING DATA ******* *None*
up

**** FOREIGN APPLICATIONS ******* *None*
up

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 12/22/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>up</i> Examiner's Signature _____ Initials _____	STATE OR COUNTRY NJ	SHEETS DRAWING 2	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
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TITLE
 Caster leg assembly with adjustment locking means

FILING FEE RECEIVED 417	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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